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EAST HERTFORDSHIRE COMBINED DISTRICTS

ANNUAL REPORT

of the health of

SAWBRIDGEWORTH URBAN DISTRICT

For the Year 1968

27 OCT 1970

Report presented by

THE MEDICAL OFFICER OF HEALTH

and

THE PUBLIC HEALTH INSPECTOR

COUNCIL OFFICES
SAWBRIDGEWORTH

NORTHUMBERLAND COUNTY COUNCIL

With the Compliments

of the

Area Executive Medical Officer

HEALTH
A 24 FEB 1970
E 73

ACKD. BY

WAC
24/2/70.

Area Health Office,
Wagonway Road,
Alnwick,
Northumberland.

Tel: Alnwick 2263

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SAWBRIDGEWORTH URBAN DISTRICT COUNCIL

Annual Report on the Health of the District for the year 1968.

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Licence within district 25

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EAST HERTFORDSHIRE COMBINED DISTRICTS

REPORT OF THE MEDICAL OFFICER OF HEALTH

FOR THE YEAR 1968

SAWBRIDGEWORTH URBAN DISTRICT

PREFACE

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present the Annual Report upon the health of the Urban District of Sawbridgeworth for the year ending 31st December, 1968.

Before coming to the Sawbridgeworth portion of the report I propose to comment upon the Health and Welfare Services of the County Council and their relationship to the Public Health Services of the East Herts Combined Districts.

What are known as the major or local health authorities - these being County Councils and County Borough Councils - administer the Personal Health Services. Their responsibilities under Part III of the National Health Service Act, 1946, paragraphs 21/29, include the provision of Health Centres, the care - including dental care - of expectant and nursing mothers and children under five who are not attending primary schools, the provision of domiciliary midwives, health visitors, home nurses, immunisation, ambulance services, the prevention of illness, the care and after-care of persons suffering from illness or mental sub-normality, and the service of domestic helps. The County is also responsible for the School Medical Service and Health Education.

It would be impossible for the County Medical Officer of a populous County like Hertfordshire to undertake the personal supervision of all these responsibilities and in consequence the County is split into Divisions, of which there are six in Hertfordshire, and at the head of each is a Divisional Medical Officer who carries out delegated functions.

On the other hand, minor or local Sanitary Authorities also known as County Districts, these being Municipal Boroughs, Urban District and Rural District Councils, are responsible for the Environmental Health Services such as housing, the declaration of unfit houses, sanitation - including the supervision of water supplies, sewage and refuse tips - noise abatement, clean air, enforcement of the Food and Drugs Act, 1955, with the inspection of food premises, the supervision of agricultural safety and health, enforcement of the Clean Air Act and the Prevention of Damage by Pests Act, as well as the Offices, Shops and Railway Premises Act. Responsibility for the control of infectious diseases, as well as health education where practicable, rests with the minor authorities. It must be stated that County Boroughs are responsible for both the Personal and Environmental Health Services.

All these authorities, known as District Councils, must have a Medical Officer of Health, but a number may join together to share the services of an M.O.H. Each District has its own or several Public Health Inspectors. The East Herts Combined Districts were formed a number of years ago, and over the past twelve years or so have comprised Hertford Borough, Hoddesdon, Ware and Sawbridgeworth Urban Districts, and Braughing and Ware Rural Districts. In 1968, the mid-year (estimated) population of the Combined Districts amounted to 84,100.

When in the autumn of 1968 I was appointed Divisional Medical Officer for the East Herts Division of the County Council, I had in addition to the duties as M.O.H. East Herts Combined Districts, to undertake County Council functions for the whole of East Herts, which, as well as the six Districts set out above, includes Bishop's Stortford and Cheshunt Urban Districts, together with Hertford Rural District, each of which has its own M.O.H. The total (estimated) population of East Herts adds up to 160,530. I may add that as well as carrying out their County Council functions all the other Divisional Medical Officers in Hertfordshire are M.O's of their constituent Districts.

There has latterly been uneasiness concerning the future of the Public Health Service as it is now constituted. The publication of the Seehohm Report on Local Authority and Allied Personal Social Services, the Green Paper on Administrative Structure of the Medical and Related Services in England & Wales, (since withdrawn but with the promise of an Amended Green Paper in the future), and last but not least, the anticipated publication of the recommendations of the Royal Commission on Local Government, all lead to the belief that widespread changes are imminent, even though it may take time for them to be implemented. How these will affect the Service is still a matter for conjecture but the sense of uncertainty as to the future working and organisation of the Public Health Service is bound to be unsettling.

It is a pleasure to be able, once more, to comment so favourably upon all aspects of the health and growth of Sawbridgeworth. The figures of infectious disease have been negligible; there has been a small rise in the number of deaths at all ages; there were no still births and no maternal deaths.

The most stricking feature for 1968 has been an up-surge in the population figures with an increase from 170 to 600, largely due to an inward migration of 617. This shows that building has proceeded ahead in the district and this again is due to the fact, as previously predicted, that improvement in sewage disposal facilities would enable expansion to take place in a much sought after neighbourhood. The total number of inhabited houses rose by 384, while there was an increase in the number of houses per acre.

I am once more grateful to the Public Health Committee and their Chairman for their continued interest in Public Health matters and I am always cognisant of Mr. Ford's unremitting attention to everything relating to the work of the Department. My thanks are also due to the Departmental Staff for their assistance. I must also express my gratitute to the other Chief Officers.

I am,

Mr.Chairman, Ladies and Gentlemen,

Your obedient Servant,

Gordon M Frizelle.

PUBLIC HEALTH DEPARTMENT

MEDICAL OFFICER OF HEALTH

Gordon M.Frizelle, T.D., M.D., D.P.H., Certificate in Radiological Protection.

Central Office: Council Offices,
High Street,
HODDESDON, Herts.

(Office Telephone:- Hoddesdon 68331. Private:- Ware 2746).

Deputy (Part Time) Medical Officer of Health

Peter de Bec Turtle, VRD., M.A., B.M., B.Ch., D.P.H.

Haileybury and Imperial Service College.
Hertford Heath.

Telephone:- Hoddesdon62040

PUBLIC HEALTH INSPECTOR (and Surveyor)

C. A. FORD. Certificate of the R.S.I., and S.I.E.J. Board, Certificate for Inspectors of Meat and other Foods, Smoke Inspector's Certificate.

Public Health Department,
Council Offices,
Sawbridgeworth, Herts. (Telephone: Sawbridgeworth 2161)

Clerical duties to the Public Health Department were carried out by Mr. P. J. Reed and Mrs. P. J. Ince.

HIGHWAYS, PUBLIC HEALTH, ALLOTMENTS AND LIGHTING COMMITTEE

The Committee for the year 1968 comprised the following members:-

Councillor W. B. Johnstone J.P. (Chairman of the Council)
" B. L. Trowbridge (Chairman)
" F. J. Clay
" A. E. Dodd
" H. J. Moss
" R. Stickley
" W. G. Whight

SECTION A

GENERAL STATISTICS 1968

The information furnished to each Medical Officer of Health for the purposes of his Annual Report consists of:-

(a) A mid-year estimate of the population of his area.

(b) Number of births and deaths in his area, after making allowance for those transferable.

(c) Causes of death distinguished by sex and age.

From the figures of births and deaths the M.O.H. is then able to calculate the various rates which are required to be stated in his report.

As a number of terms are used which may not be understandable to those not versed in statistics, it is felt that some description of them and of how the figures are arrived at may be desirable.

Crude Death Rate

The crude death rate of an area represents the number of deaths registered during the year as belonging to that area, after correction for transfers to the place of residence of the deceased, per 1,000 of the corresponding estimated population, at the middle of the year. Thus the calculation involved is:

$$\frac{\text{Number of deaths registered in the year} \times 1{,}000}{\text{Mid-year population}}$$

Standardised Death Rate

Urban areas, being for the most part, industrial centres, have a higher proportion of people living in the middle-age periods of life, ages at which the death rates are low; and rural areas have a greater number of old people. Some correction must be made for these irregularities of distribution as regards age and sex, otherwise the death rates will not afford an accurate means of comparing the healthiness of one district with another. The death rate so adjusted is known as the Standardised Death Rate.

Comparability Factor. The Standardised Death Rate is arrived at by multiplying the Crude Death Rate or Mortality Rate by the Comparative Mortality Index for the area by a figure supplied by the Registrar General.

Maternal Mortality Rate

This depends upon the following calculation:

$$\frac{\text{No. of deaths of women classed as pregnancy or childbirth} \times 1{,}000}{\text{Total live and stillbirths}}$$

Infant Mortality Rates

These are obtained by employing the following:-

$$\frac{\text{Total deaths of infants under one year} \times 1{,}000}{\text{Total live births}}$$

$$\frac{\text{Legitimate infant deaths under one year} \times 1{,}000}{\text{Total legitimate live births}}$$

$$\frac{\text{Illegitimate infant deaths under one year} \times 1{,}000}{\text{Total illegitimate live births}}$$

Live Birth Rate

Here the relevant calculation is:-

$$\frac{\text{Total live births in the year} \times 1{,}000}{\text{Mid-year population.}}$$

Illegitimate Live Birth Rate

This differs from previous calculations in that it is expressed as percentage, i.e.

$$\frac{\text{Total illegitimate live Births} \times 100}{\text{Total Live Births}}$$

Stillbirth Rate

The ratio of births at or over 28 weeks' gestation which were not live born per 1,000 live and stillbirths.

Neo-natal Mortality Rate

This is the ratio of deaths among live born infants under four weeks of age per 1,000 live births. This can be subdivided into:-

(a) Early Neo-natal death rates, relating to deaths in the first week of life, and

(b) Late Neo-natal death rates, relating to infants over one week but under four weeks.

Peri-natal Mortality Rate

A rate that combines the stillbirths and deaths under one week per 1,000 total live and stillbirths i.e.

$$\frac{\text{Stillbirths and deaths under 1 week} \times 1{,}000}{\text{Total live and stillbirths}}$$

It is obvious therefore, that a rate is a figure derived from an arithmetical formula, not a statement of the number of particular cases occurring, or even this number expressed as a percentage. This can give rise to bewilderment in people reading reports, especially from the smaller communities where the number of individual cases is meagre. One can imagine a person saying "Here it states that there was only one death of an illegitimate child yet it goes on to say that th Illegitimate Death Rate was 71.43. This must be wrong".

SECTION A

GENERAL STATISTICS 1968

(Table 1)

(Figures for 1967 are shown in brackets)

POPULATION

Estimated Mid-Year Population of Sawbridgeworth:	5,970 (5,310)
Natural increase or decrease	+ 53
Migration in or out	+ 617
Total increase or decrease	+ 670

GENERAL STATISTICS

Area in Acres	2,678
Number of Inhabited Houses according to Rate Book:	2,149 (1,950)
Number of houses per acre	0.80
Number of persons per acre	2.23
Number of persons per house	2.77

RATEABLE VALUE OF DISTRICT	£310,020
Sum represented by penny rate	£1,192

VITAL STATISTICS

(Table 2)

(Figures for 1967 are shown in brackets)

LIVE BIRTHS	Male	Female	Total
Legitimate	44(37)	47(49)	91(86)
Illegitimate	2 (2)	2 (3)	4 (5)
Total Live Births	46(39)	49(52)	95(91)
Total Live Birth Rate per 1,000 population:		15.9(17.1)	
Area Comparability Factor for Births:		1.11(1.14)	
Standardised Live Birth Rate per 1,000 population:		17.6(19.50)	
Illegitimate Live Births per cent to total live births:		4.02(5.49)	

STILL BIRTHS	Male	Female	Total
Legitimate	0 (2)	0 (2)	0 (4)
Illegitimate	0 (0)	0 (0)	0 (0)
Total Still Births	0 (2)	0 (2)	0 (4)
Still Births rate per 1,000	0 (42.0)		

TOTAL LIVE AND STILL BIRTHS	Male	Female	Total
Legitimate	44 (37)	47(49)	91(86)
Illegitimate	2 (2)	2 (3)	4 (5)
Total Live and Still Births	46 (39)	49 (52)	95(91)

VITAL STATISTICS (Continued)

INFANT DEATHS	Males	Females	Total
Infants under one week, total	0 (1)	1 (1)	1 (2)
Legitimate	0 (1)	1 (1)	1 (2)
Illegitimate	0 (0)	0 (0)	0 (0)
Infants under four weeks, total	0 (1)	1 (1)	1 (2)
Legitimate	0 (1)	1 (1)	1 (2)
Illegitimate	0 (0)	0 (0)	0 (0)
Infants under one year, total	1 (1)	1 (1)	2 (2)
Legitimate	1 (1)	1 (1)	2 (2)
Illegitimate	0 (0)	0 (0)	0 (0)

INFANT MORTALITY RATES		
Infant Mortality Rate per 1,000 total live births	20.1	(22.00)
Legitimate infant deaths per 1,000 Legitimate live births	20.20	(26.31)
Illegitimate infant deaths per 1,000 illegitimate live births	0.0	(0.0)
Neo-natal Mortality Rate (deaths of infants under four weeks per 1,000 total live births)	10.5	(22.00)
Early Neo-natal Mortality Rate (deaths of infants under one week per 1,000 total live births)	10.5	(22.00)
Perinatal Mortality Rate (still-births and deaths of infants under one week combined - per 1,000 total live and still births).	10.5	(63.0)

VITAL STATISTICS (Continued)

MATERNAL DEATHS

Maternal Deaths, including abortion	0.0 (0)
Maternal Mortality Rate per 1,000 live and still births	0.0 (0)

DEATHS (Total)

Deaths of all ages	Males	24 (30)
	Females	18 (19)
	Total	42 (49)

Death Rate per 1,000 population	7.04 (9.20)
Area Comparability Factor for deaths	1.09 (1.07)
Standardised Death Rate per 1,000 population.	7.06 (9.80)

COMPARISON RATES	Sawbridgeworth U.D.C.	Hertford County	England & Wales
Live Birth Rate	15.9	16.2	16.9
Area Comparability Factor	1.11	0.9	
Standardised Birth Rate	17.6	15.2	
Still Births Rate	42.00	12.8	14
Infant Mortality Rate	20.1	16.2	18
Legitimate	20.20	15.4	
Illegitimate	0.0	26.3	
Neo-Natal Mortality Rate	10.5	11.1	12.4
Early Neo-Natal Mortality Rate	10.5	9.9	10.5
Perinatal Mortality Rate	10.5	22.6	25.0
Material Mortality Rate	0.0	0.1	0.2
Death Rate	7.04	9.5	11.9
Area Comparability Factor	1.09	1.1	
Standardised Rate	7.06	10.7	

PREVALENCE OF AND CONTROL OVER INFECTIOUS DISEASES

Notifiable diseases (other than Tuberculosis) notified during the year

	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter	Total
Measles	Nil	Nil	1	Nil	1
Whooping Cough	2	Nil	Nil	Nil	2
Dysentery Shigella Sonne	Nil	2	Nil	Nil	2

TUBERCULOSIS

Commencement of Year:-

Males	:	Pulmonary - 7	Non-Pulmonary - Nil
Females	:	Pulmonary - 14	Non-Pulmonary - 2

Three removed from Register

Remaining on Register:-

Males	:	Pulmonary - 7	Non-Pulmonary - Nil
Females	:	Pulmonary - 11	Non-Pulmonary - 2

CAUSES OF DEATH DURING THE YEAR 1968.

		Male	Female
1.	Malignant Neoplasm - Stomach	-	1
2.	Malignant Neoplasm - Lung, Bronchus	1	-
3.	Leukæmia	1	-
4.	Other Malignant Neoplasms, etc.	4	-
5.	Meningitis	1	1
6.	Hypertensive disease	1	1
7.	Ischaemic Heart Disease	9	4
8.	Cerebrovascular disease	2	6
9.	Pneumonia	1	2
10.	Bronchitis and Emphysema	2	-
11.	Intestinal obstruction and hernia	1	-
12.	Other diseases, Genito-urinary system	-	1
13.	Diseases of Musculo-skeletal system	1	-
14.	Congenital Anomalies	-	1
15.	Motor vehicle accidents.	-	1
	ALL CAUSES	24	18

(a)	Still births:	2	2
(b)	Deaths of infants under four weeks:	0	1
(c)	Deaths of infants four weeks to one year:	1	1

GENERAL STATISTICS

The upward trend in population figures, referred to in last year's report, received a gratifying fillip in 1968. The mid-year figures for 1967 were 5,310 while those for 1968 were 5,970 making an increase of 660. The natural increase - that is the excess of births over deaths - was 53, (42 in 1967), while the inward migration jumped from 128 to 617.

The number of inhabited houses rose from 1,950, to 2,149; the number of houses per acre increased from 0.72 to 0.80; the number of persons per acre rose from 1.98 to 2.23, while there was a slight increase in the number of individuals occupying each house.

VITAL STATISTICS

The total number of live births rose from 91 to 95 giving a standardised live birth rate of 17.6 compared with 19.50 in 1967. There were no still births and once again there were no maternal deaths.

Deaths in infants under 1 year of age remained at the figure 2 while the total number of deaths at all ages fell for the third successive year. The 1967 figures were 49 and those for 1968 were 42. This gives a standardised death rate of 7.06 compared with 9.80 in 1967.

CAUSES OF DEATHS

Once again the commonest cause of death was due to diseases of the circulatory system, accounting for 15 cases in all. Of these 13 were due to Coronary disease, the majority of whom were over the age of 65. Second in order of priority was Cerebro-vascular disease with 8 deaths, all over the age of 65. All forms of Malignancy including Leukæmia were responsible for 7 deaths with only 1 death caused by Cancer of the Lung.

The 2 deaths in children under 1 year of age were due to Congenital abnormalities, while a motor accident was responsible for 1 death.

INFECTIOUS DISEASES

For the third year in succession the incidence of infectious disease has been of little or no consequence with only 1 reported case of Measles, 2 of Whooping Cough and 2 of Sonne Dysentery.

TUBERCULOSIS

The number of cases of Tuberculosis remained much the same, with 18 pulmonary cases in the register at the end of the year compared with 21 on 1st January, and 2 non-pulmonary cases remaining throughout the year.

FOOD HYGIENE

The fact that there was no incidents caused by food poisoning reflects the assiduity of control excersised by the Department's staff over food premises.

NATIONAL ASSISTANCE ACTS 1948 - 1951

Once again no action was required under Section 47 of these Acts.

REPORTS

During the year special reports were made to the Public Health Committee in the following subjects:-

Air Pollution from Road Vehicles.
The Imported Food Regulations, 1968.
The Abortion Act, 1967.
Possible Hazards in Coin-Operated Dry Cleaning.
The Public Health (Infectious Diseases) Regulations, 1968.
The Annual Conference of the Royal Institute of Public Health and Hygiene - The Changing Environment.

SECTION B

GENERAL PROVISION OF HEALTH SERVICES FOR SAWBRIDGEWORTH

LABORATORY SERVICE

Laboratory facilities are provided by the Public Health Laboratory service at Cambridge.

In emergency, specimens can be examined at the Laboratory of the Herts and Essex General Hospital, Bishop's Stortford.

COUNTY COUNCIL HEALTH AND WELFARE SERVICES

The following County Council services under the National Health Service Act, 1946 are available in the District. Full details can be obtained from the County Medical Officer, County Hall, Hertford.

Home Nursing, Midwifery, Health Visiting and Welfare Centres

Number of Nurses - 3 Welfare Centre - 1

Vaccinations against Smallpox, Whooping Cough, Poliomyelitis Diphtheria and Tetanus

Medical Officers at the Welfare Centre will vaccinate or immunise babies at the request of parents. Family Doctors will also provide this prophylaxis free of charge.

The following table gives the latest recommendations:-

2-6 months	Diphtheria) Whooping Cough) Tetanus)	3 injectious
6-10 months	Poliomyelitis	3 doses oral vaccine. This may be given at the same time as the triple injection if the procedure is started at 3 months.
1-2 years	Smallpox and Measles vaccination	

15-18 months	Reinforcing Diphtheria Whooping Cough Tetanus	) injectious
5 years	Reinforcing Oral Polio Diphtheria Tetanus	) injectious
9-12 years	Smallpox revaccinations	
13 years	B.C.G. vaccination against tuberculosis	

As far as the routine immunisation of children is concerned, birth notification of children in the County has been processed by computer and in consequence it has been possible to send out an appointment for every child to attend a Clinic or its own Doctor for immunisations as they have become due. This scheme was introduced in East Herts in January, 1968.

It must be borne in mind that a traveller entering certain countries must produce an International Certificate of Vaccination against Smallpox, Yellow Fever and Cholera. International Certificates should be procured from the travel agency when the intending traveller makes his booking.

Vaccination is done by the patient's own Doctor, who must enter on the Certificate particulars of the vaccine employed. The Doctor's signature must then be authenticated at the local - not the County - Health Department, which holds facsimiles of all the signatures of Doctors in the District.

On the other hand, immunisation against Yellow Fever must be carried out at one of the following Centres, after an appointment is first made by telephone:-

Address	Tel.No.	Time of Attendance
Yellow Fever Vaccination Service, Hospital for Tropical Diseases, 4, St.Pancras Way, LONDON, N.W.1.	Euston 4411 Ext.137.	Mon. to Fri. mornings.
Yellow Fever Vaccination Service, Medical Department, Unilever House, Blackfriars, LONDON, E.C.4.	Fleet St. 7474 Ext.2841.	Tues. & Fri. 3.45 p.m.

Address	Tel.No.	Time of Attendance
Yellow Fever Vaccination Service, 53, Great Cumberland Place, LONDON, W.1.	Ambassador 6456	Mon.to Fri. 9.30 - 10.30 a.m. Tues.,Wed. and Thursday 1.30 - 2.30 p.m.

Protection against Cholera may be obtained from the Traveller's own Doctor and is advisable for persons undertaking journeys in the Middle or Far East. Advice may be obtained from the Embassy or Mission of the Country concerned.

Smallpox has an incubation period of 14 days. Protection becomes valid 8 days after vaccination and last for three years.

Yellow Fever has an incubation period of 6 days. Protection becomes valid 10 days after immunisation and lasts for ten years.

Cholera has an incubation period of 5 days. Protection becomes valid 6 days after immunisation and lasts for six months.

Typhoid Fever is endemic in some countries and may be contracted by travellers in mediterranean areas. I would here reiterate the advice given in previous Annual Reports that anyone proposing to spend holidays in such regions ought, for their own sakes and for the sake of others, to seek protection from T.A.B. immunisation. This should not be left to the last moment, as the interval between the first and second doses should be at least four weeks and preferably six weeks, because of the delay in building up effective immunity.

Medical Recruitment

The Public Health Services throughout the County have for years been starved of suitable entries at the Assistant County Medical Officer level. There have been various factors responsible for this, one being the unattractive salaries offered, another being the drain on medical man-power caused by emigration, while more recently the complete uncertainty as to the whole future of Local Government has made Public Health as a career something to be avoided.

Home Help Service

This service, which is a permissive one under the National Health Service Act, was started during the last war to assist young mothers and old people who had been obliged to leave their homes. It is now an essential part of Local Health Authority Service and is a major support for the older sick and infirm.

Unfortunately the Home Help Service is under considerable strain, due to insufficient staff, as other forms of employment in industry offer many counter attractions. Any person anxious to be of assistance to either the old and infirm, or to mother and child, should approach Mrs.J.E.Clements, the Divisional Home Help Organiser, at the Health Centre, 27, Bull Plain, Hertford (Tel.Hertford 3232).

Applications for this service should also be sent to Mrs. Clements. A charge may be made in accordance with the County Council's assessment scale.

Hospital Services

Sawbridgeworth is served by the Herts & Essex General Hospital; Bishop's Stortford and District Hospital; Princess Alexandra Hospital, Harlow.

Chronic sick can receive treatment at Western House Hospital, Collett Road, Ware, and in what is known as Part III accommodation, Western House - not the hospital - provides beds under the National Assistance Act, 1948. The hospital was closed on the 1st April, 1968, and 30 female patients were transferred to the East Herts Hospital, Block 5, where they were looked after by Western House Nursing Staff. The male patients were absorbed into other hospitals of the group.

The closure was due to rebuilding and extensive renovations and when the hospital is reopened, probably in the summer of 1969, the bed accommodation will be raised from 87 to 91. Both the hospital and the Part III accommodation tend to concentrate upon psycho-geriatric patients and it is hoped to open two rooms in the Part III portion where special care may be devoted to such cases.

Patients suffering from infectious diseases can be treated either at St.Ann's Hospital, Tottenham (Tel.No.STAmford Hill 0121) or Highlands Hospital, Winchmore Hill, London, N.21 (formerly South Lodge Hospital, World's End Lane, London, N.21) (Tel.No.360 8151)

Care and After-Care

Applications for recuperative holidays, if recommended by the Medical Attendant, should be made to the County Medical Officer.

Equipment can be issued on loan to patients being nursed at home. A Medical Loan Depot has been established at Bishop's Stortford.

A charge may be made for this service.

Ambulance Service

There is an Ambulance Station at Bishop's Stortford. Except in emergency, an ambulance should be ordered by a medical practitioner.

Day Nurseries

A day nursery has been established at the Church House.

General Practitioner Medical Services

Three General Practitioners, forming a partnership, reside and practise in Sawbridgeworth but the town is also served by Practitioners in the Harlow (Essex) and Bishop's Stortford localities. To the Partnership are attached Health Visitors, a scheme which has been in operation since 1967. These attachments are proving to be very successful.

Health Visitors and Nurses

Health Visitors are State Registered Nurses who are in addition State Certified Midwives holding either Part I or Parts I & II of the Certificate. They have also had a year's training in child health and welfare, public health and social legislation. While their main function is the care of Mothers and young children they are also concerned with school health and the care of the elderly and chronic sick. There are 2 Health Visitors, one being part time in Sawbridgeworth.

District Nurses can also be attached to family doctor practices. The District Nurse is a State Registered Nurse who has also obtained the Certificate of the Queen's Institute of District Nursing or the National Certificate in District Nursing. She provides for care of patients in thier own homes. Sawbridgeworth has 2 District Nurses, and one part-time District Nurse.

Midwives must hold Part I and Part II of the Certificate of the Central Midwives Board. Sawbridgeworth has two District Nurse/Midwives.

Dental Service

One dental practice has been established in the town. Other Dental Practitioners are available in adjoining towns.

Old People's Welfare Association

This body is very active in Sawbridgeworth and in addition to its other functions, has for a number of years been responsible for a much needed Chiropody Service.

The Woman's Voluntary Service provides meales on wheels for Sawbridgeworth and adjacent areas.

Other Services

There is a Mortuary owned and managed by the Urban District Council. Blood Transfusion Donor Sessions are held at the Memorial Hall.

School Medical Service

During the latter part of 1968, preliminary steps were taken to replace the routine medical examinations in schools at certain ages by the examination of all pupils during the first year in an Infant School, and then selection for further examinations on the basis of the medical history, or at the request of parents and head Teachers, following information received on questionnaires.

These changes were to be based upon a three year trial arrangement on these lines, which was successful in the Mid. Herts Division. It was proposed that the new selective medical examination scheme should, in 1969, be implemented throughout the County.

Infant Schools

Entrants to Infant Schools will have a full medical examination towards the end of the second or during the third term at school. Details of all new entrants are submitted to the Divisional Health Office at County Hall. Later Head Teachers will receive a list of children to be examined with a supply of a letter/questionnaire for the parents to complete and return to the school. In addition a supply of questionnaires will be provided for completion by teachers. The replies to the questionnaires will be retained at the school to be available for Medical Officers when carrying out the medical examinations. After the first inspection children with defects requiring treatment will be referred to the family Doctors or to an appropriate Clinic, and those for observation will be recorded for seeing again as re-inspections at suitable intervals.

If the Head Teacher requires any other children to be seen by the School Medical Officer details are submitted in order that the medical records can be forwarded to the school.

Junior Schools

No routine examination will take place in Junior Schools under the new scheme, though children with defects for which they are under observation will be seen as re-inspections, and any child about whose health or progress the Head Teacher is anxious, can have a special examination by arrangement, the parents being informed by Head Teachers accordingly.

Secondary Schools

The 12 year old medical examination will be discontinued. In its place parents and Head Teachers will be asked to complete a questionnaire during the second term of a child in a secondary school.

The School Leaver Examination

This is to be replaced by a consultation with the Medical Officer, and it is felt that this should be arranged in the pupil's fourth year as at present during the terms preceding Easter and Summer. A list of pupils who by their date of birth are eligible to leave will be sent to the school together with a supply of the appropriate notices and questionnaires for the parents to complete and return to the school accordingly.

SOCIAL WORK UNIT

The East Herts Social Work Unit is established at Westfield, West Street, Hertford. Telephone No's Hertford 3145 and 5875.

Divisional Social Worker	Miss Hilda Watson
Senior Social Worker (Mental Health)	Mr. Roy Bohrer
Social Worker (Physically handicapped)	Miss Pamela Watson
Social Workers (Blind)	Miss D.Taylor
	Miss J.Van Raaij

These workers cover the whole division, and all may be contacted via Westfield.

Other workers carry a wide range of work, ranging through mental illness, mental handicap, general welfare and physical handicap. All workers may be contacted via Westfield, if not available locally. The geographical areas covered are as follows:-

Cheshunt U.D.C.	Mr.K.R.Cockman (Ass.Divisional Welfare Officer).
	Mr.Gray
	Mrs.Stroud
	Miss Eeuwens
Hoddesdon U.D.C.	Mrs.Wright
	Mr.Gray
	Mrs.Stroud
	Miss Eeuwens
Ware U.D.C.)	Mrs.Wright
Ware R.D.C.)	Mrs.Page
Hertford Borough)	Mrs.Ebeling
Hertford R.D.C.)	
Bishop's Stortford U.D.C.)	Mrs.Luckman
Braughing R.D.C.)	Mrs.Marshall
Sawbridgeworth U.D.C.)	Mrs.Hewish
)	Mr.Cockman
Chestnuts Day Nursery,)	Mr.Gray
Crossbrook Street,)	Mrs.Stroud
Cheshunt (Tel.Waltham Cross 20905))	
Health Centre,)	Mrs.Luckman,
Bishop's Stortford.)	Mrs.Marshall
(Tel.Bps.Stortford 2743))	Mrs.Hewish

Anyone not sure which social worker to contact, should refer mental health problems to Mr.Bohrer, and welfare problems to Miss H.Watson.

<u>All emergency calls</u> should be referred direct to Westfield, where they will be dealt with by the duty officer for the day, irrespective of area.

SECTION C

SANITARY CIRCUMSTANCES OF THE AREA

WATER SUPPLY

The piped supply is provided by the Lee Valley Water Company to 2,259 premises.

202 premises in the District, including new houses were connected to the mains during the year. Two dwellings are supplied from privately owned wells.

The water supply to the district has been regularly sampled throughout the year and submitted for analysis. 204 samples were sent for analysis for bacteriological examination. 11 water samples were sent to the Laboratory for chemical analysis and the reports showed that all samples conformed to Standards of purity suitable for public supply.

DRAINAGE, SEWERAGE AND SEWAGE DISPOSAL

Most of the district is served by main drainage

The effluent from the central and north areas are now pumped over the River Stort to the trunk sewer in Sheering and thence by gravitation to Rye Meads Sewage Disposal Works.

The southern area of the town drains to the small sewage works at Alston Oak and is disposed of by septic tank treatment followed by land irrigation.

REFUSE COLLECTION AND DISPOSAL

Household refuse is collected weekly and is disposed of by controlled tipping at Harlow U.D.C. tip. Special arrangements are made in connection with trade refuse.

Unauthorised tipping in ditches etc. has been minimised by the Council providing a free collection of bulky domestic refuse such as:- mattresses, cookers and furniture.

PARTICULARS OF PUBLIC HEALTH INSPECTOR'S WORK

Summary of visits during the year 1968:-

Public Health Acts	256
Housing Acts	64
Food and Drugs Act	140
Factories Act	135
Miscellaneous	437
	1,032

Number of informal notices served	6
Number of statutory notices served	1

HOUSING ACTS 1936/1959

NEW HOUSING

(a) Council Dwellings

Twelve houses were completed and occupied during the year.

The Council had under consideration the development of six acres of land at Westway. It is intended that dwellings be erected in accordance with industrialised building technique.

(b) Private Houses

190 private dwellings were completed. This figure includes three one-bedroom flats.

HOUSING AND HOUSE PURCHASE ACT, 1959

Six applications were received from applicants for Standard Grants in respect of six dwellings, all of which were granted. An extended standard grant in respect of one house was refused.

ANIMAL BOARDING ESTABLISHMENT ACT, 1963

There is one licence operative in this district. This is situate at a farm; frequent inspections are made and the condition of the kennels was found to be satisfactory.

FOOD AND DRUGS ACT, 1955

MILK Number of retail purveyors of milk .. 1
Number of dairies.. 1

The Dairy was inspected on several occasions during the year. Purveyors' delivery vehicles also received frequent inspection.

Ice Cream No Ice Cream is manufactured in the district. There are fourteen registered premises who sell wrapped ice cream, and regular inspections are carried out.

THE FOOD HYGIENE (GENERAL) REGULATIONS, 1960

CATEGORY	No.	No. of Premises fitted to comply with Regulation 16 (wash hand basins)	No. of Premises to which Regulation 19 applies (Facilities for washing food and equipment).	No. of Premises fitted to comply with Regulation 19.
Bakehouses	2	2	2	2
Butchers	3	3	3	3
Grocers	9	9	9	9
Fish Shops	1	1	1	1
Public Houses	5	5	5	5
Cafés	4	4	4	4
School Canteens	5	5	5	5
Factory Canteens	2	2	2	2
Public Halls	1	1	1	1
Greengrocers	3	2	-	-

The total number of shops and other premises engaged in the sale of food number 35.

140 visits were made to these premises during the year.

SECTION D

PRESCRIBED PARTICULARS ON THE ADMINISTRATION OF THE FACTORIES ACT, 1937

PART 1 OF THE ACT

1 - INSPECTIONS for purposes of provisions as to health (including inspections made by Public Health Inspectors).

Premises (1)	Number on Register (2)	Number of		
		Inspections (3)	Written Notices (4)	Occupiers Prosecuted (5)
(i) Factories in which Sections 1, 2, 3 and 6 are to be enforced by Local Authorities.	-	-	-	-
(ii) Factories not included in (1) in which Section 7 is enforced by Local Authority.	21	64	-	-
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises).	7	71	-	-
	28	135	-	-

2 - Cases in which defects were found:-

PARTICULARS	Number of cases in which defects were found				Number of cases in which prosecutions were instituted
	Found	Remedied	Referred To H.M. Inspector	Referred By H.M. Inspector	
(1)	(2)	(3)	(4)	(5)	(6)
Want of cleanliness (S/1) Overcrowding (S/2) Unreasonable temperatures (S/3) Inadequate ventilation (S/4) Ineffective drainage of floors (S/6) Sanitary conveniences (S/7): (a) Insufficient (b) Unsuitable or defective (c) Not separate for sexes. Other offences against the Act (not including offences relating to Outwork).	N I L				

PART VIII OF THE ACT - OUTWORK

(Sections 110 and 111)

NATURE OF WORK	Section 110			Section 111		
	No. of out-workers in August list required by Section 110	No. of cases of default in sending lists to the Council.	Number of prosecutions for failure to supply lists.	Number of instances of work in unwholesome premises.	Notices served.	Prosecu-tions.
(1)	(2)	(3)	(4)	(5)	(6)	(7)
NIL	-	-	-	-	-	-

PREVENTION OF DAMAGE BY PESTS ACT, 1949

No charge is made in respect of private dwellings.

Routine sewer treatments were carried out during the year. The Council tip and sewage works were similarly treated.

ANNUAL REPORT ON RATS AND MICE

Properties other than sewers	Non-Agricultural	Agricultural
Number of properties in district	2,259	30
Total number of properties (including nearby premises) inspected following notification	96	-
Number infested by (i) Rats	30	-
(ii) Mice	4	-
Total number of properties inspected for rats and/or mice for reasons other than notification	260	52
Number infested by (i) Rats	3	6
(ii) Mice	-	-
SEWERS		
Number of sewers infested by rats during the year	-	-

THE OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963.

ANNUAL REPORT, 1967

Inspections of all premises in the District were carried out during the year. 89 premises were on the register at 31st December, 1967. Five new registrations during 1968.

TABLE A

Class of Premises (1)	Number of premises registered during year (2)	Total number or premises at end of year (3)	Number of registered premises receiving a general inspection during year (4)
Offices	2	40	40
Retail Shops	3	42	42
Wholesale Shops, Warehouses	-	2	2
Catering Establishments open to public, canteens	-	8	8
Fuel Storage Depots.	-	1	1

TABLE B - Number of visits of all kinds by Inspectors to registered premises:- 126

TABLE C - Analysis of persons employed in registered premises by workplace:-

Class of Workplace (1)	Number of Persons employed (2)
Offices	123
Retail Shops	146
Wholesale Departments, Warehouses	4
Catering Establishments open to public	22
Canteens	4
Fuel Storage Depot	6
TOTAL	305
Total Males	136
Total Females	169

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LIVERPOOL SCHOOL OF TROPICAL MEDICINE
27 OCT 1970